Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

DDI/S 68-3742

SECRET

INSPECTOR GENERAL'S SURVEY OF THE OFFICE OF MEDICAL SERVICES

JULY 1968

SECRET

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

TABLE OF CONTENTS

	Page
INTRODUCTION	1
SUMMARY	1
STRUCTURE AND MANAGEMENT	3
GENERAL	3
ORGANIZATION	6
PERSONNEL	11
OPERATIONS	18
GENERAL	18
APPLICANT SCREENING	19
HEADQUARTERS MEDICAL SERVICES	21
SUPPORT ACTIVITIES	28
Overseas Support	28
Operations Support and Intelligence Production	31
PSYCHOLOGICAL SERVICES	36
PROPOSED STRUCTURAL CHANGES	39

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

INTRODUCTION

The last Inspector General survey of the functions performed by the Office of Medical Services (OMS) was conducted in 1955. The present inspection undertaken by a two-man team from the Inspection Staff commenced October 1967 and was completed June 1968.

It is the purpose of this survey to assess the adequacy of the services rendered by OMS and the efficiency with which the office is operated. To this end the responsibilities, functions, organization, management and intra-agency relationships of OMS have been reviewed in detail. This being a layman's report, no evaluation of the competence of the professional personnel of the office is attempted.

The inspection team interviewed almost all of the staff employees assigned to the headquarters components of OMS, some of the contract doctors, and those medical personnel who returned from overseas assignments during the inspection. They also talked with many senior employees in other Agency components and interviewed an official of the U. S. Public Health Service.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

SECRET

SUMMARY

The Director of Medical Services (D/MS) has developed one of the finest civilian medical programs in the Federal Government. It is a high-quality program, designed to be responsive to the specialized needs of the Agency. It has made a very impressive contribution to the morale and spirit of the organization.

The program reflects the management style of the D/MS; it is highly centralized, carefully planned, and based on the traditional values and concepts of the medical profession. It is reliable and effective but offers little scope for innovation and decision-making to the professional members of the staff. Indeed, one of the most serious problems facing the office is the lack of managerial experience among those professionals who do not serve in the immediate vicinity of the D/MS.

OMS does well in clinical and psychiatric screening of applicants. It is prompt in responding to requests for clinical and psychiatric assistance in the headquarters area, as well as in attending to medical needs of overseas personnel and their families. Some of its elements provide strong operational support to the Clandestine Services.

There are no standard follow-up procedures for the Executive Annual Evaluation. It is suggested that OMS remain in contact with employees until they have taken appropriate action on recommendations resulting from this evaluation.

It is generally recognized that several elements of the [redacted] 25X1B the DDI review the situation and bring some order into the house.

There is concern that the professional potential of the Assessment and Evaluation (A&E) Staff is not being used in its

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

25X1A

[redacted]

In the course of this survey it appeared to us that the Office of Medical Services might better be organized along functional lines. To improve the efficiency of applicant processing and headquarters medical services, we recommend the establishment of a Selection Processing Division and a Medical Services Division. We also recommend eliminating the position of the Special Assistant for Clinical Activities. Since this would affect the over-all structure of the OMS, a final section on "Proposed Structural Changes" is included.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

STRUCTURE AND MANAGEMENT

GENERAL

The D/MS is responsible for planning and directing the Agency's medical support program. Our survey of his office leads us to conclude that he has been successful in establishing and maintaining a medical support program which is effective, progressive, and responsive to the specialized needs of the Agency.

Few elements of the Agency are in a position to influence the morale and attitudes of employees as much as the Office of Medical Services. The impact of prompt, humane, effective medical attention both here and overseas is very great. Whatever is or is believed to be a medical failure is costly in the same degree. It is our impression that on balance the Office of Medical Services has made a very impressive contribution to morale.

The present D/MS has been the chief of the Agency's medical facilities since 1948. Under his leadership and direction, the Agency has developed one of the best and most comprehensive medical programs in the Federal Government.

The entire medical support program reflects the management style of the D/MS; it is highly centralized, carefully planned, and based on the traditional values and concepts of the medical profession. It is a reliable and effective program but one which offers little scope for innovation or independent decision-making to the professional members of the staff. This observation reflects statements which have been made by OMS employees interviewed and by employees throughout the Agency who have official contact with OMS. The statements were not made harshly or with derogatory connotations. Many of our findings and conclusions are concerned with the managerial style of the office and with its consequences.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

We cannot, in fairness, say that the managerial style was deliberately planned. It has in part evolved as the rapid turnover of professional personnel repeatedly thrust the major management responsibility upon the office of the D/MS. Within the past few years the D/MS has lost the services of one deputy through disability retirement and his present deputy is seriously ill. It is difficult to find qualified doctors who are prepared to accept the salaries and professional restrictions which are connected with Agency employment. Many of the present doctors are relatively new employees and even though they are professionally competent they lack familiarity and experience with the Agency and its operational requirements.

Responsibility for policy-making is primarily retained by the D/MS. The heads of the major components, having little share in over-all management, are specifically concerned with the operations of their units. The various boards and panels are involved in an advisory capacity for specific problem areas. For a variety of reasons the D/MS has not delegated authority to the doctors on his staff, especially in areas where contacts outside of OMS are involved. Thus there is a lack of managerial experience among the professional members of OMS. If anything should happen to the D/MS, the management and direction of the activities of this office would become a very critical problem.

Outside Professional Review

The D/MS consulted with officials of the Public Health Service when the Agency began developing its medical service program. Since that time consultations have been held occasionally with the Public Health Service and the National Institutes of Health on specific problems or programs. Although the Public Health Service is authorized by law to review any Government agency's medical familities or programs upon request, it has not been asked by CIA to do so.

Four years ago a Psychiatric Consultant Panel was organized by the D/MS for the purpose of reviewing the Agency's psychiatric program. This panel meets quarterly, usually in Washington,

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

at the call of the D/MS. Normally it deals with specific problems raised by OMS. A similar panel of outstanding psychologists was established approximately a year ago for the Assessment and Evaluation Staff. There is no comparable panel for the Clinical Division, but it is understood that the D/MS is considering the establishment of such a panel.[1] We believe that this is quite worthwhile and recommend that it be done. We do not believe that an over-all review of the OMS program by the PHS, or any other outside group, is desirable or necessary.

---

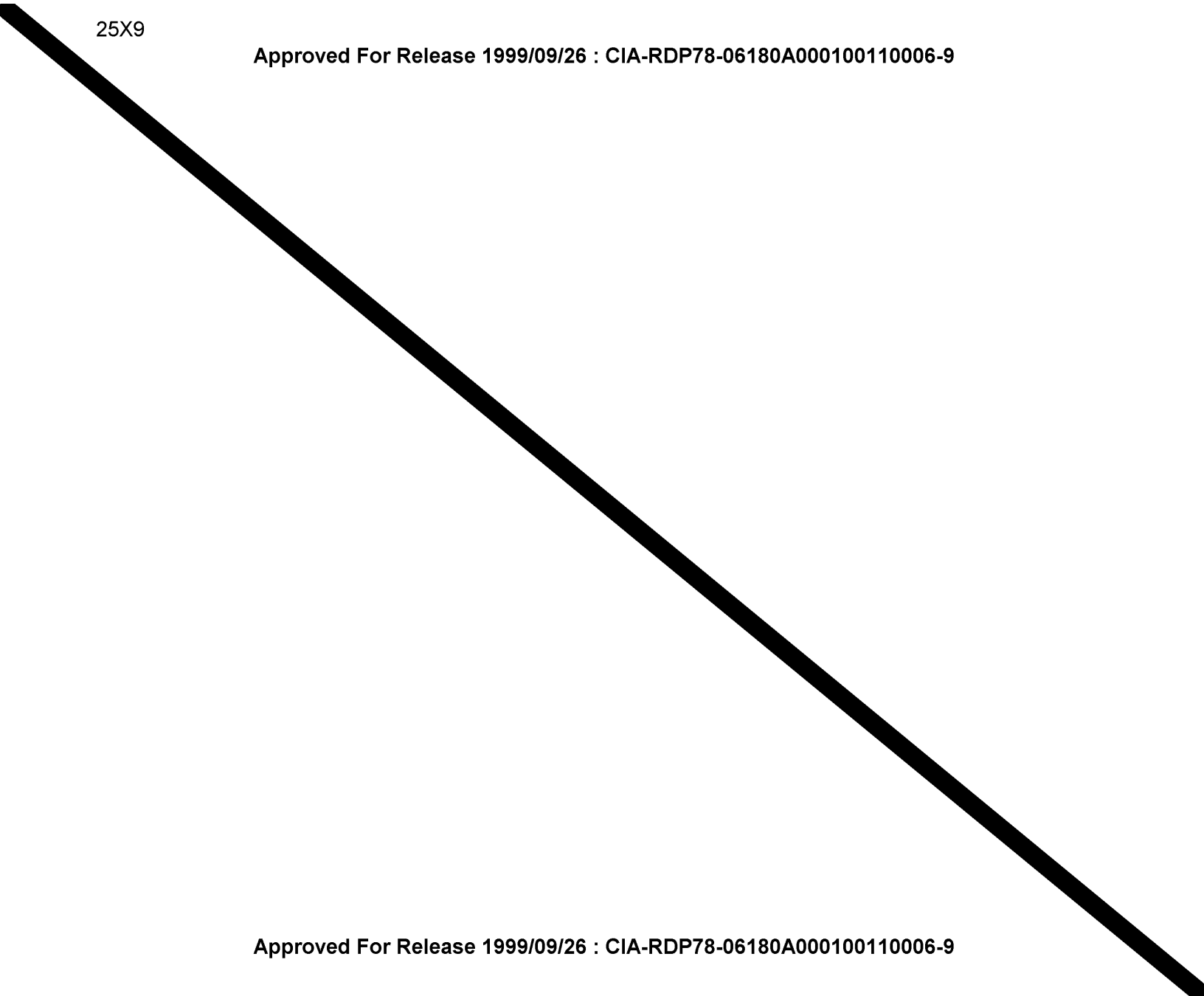
[1] In January 1968, a brief survey was made of the clinical activities of OMS by [redacted], a private physician from Pasadena, California. He summarized his impressions by stating that in scope and quality the Agency's medical program is very good.

25X1A

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

25X9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9



Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

The Clinical Division

The Clinical Division is primarily responsible for the preventative health program. This includes conducting medical examinations and evaluations of employees in terms of established physical standards; providing diagnostic and consultative services; operating the dispensary and health rooms which provide treatment of temporary and minor illnesses and emergency medical treatment; arranging for the care of employees and dependents who have been medically evacuated; and maintaining an immunization program.

The division has an authorized strength of [redacted] staff employees. It is organized with two staff doctors and one full-time contract doctor on the staff of the chief of the division. The specialized technical personnel are in the three branches: Nursing, Technical and Immunization. In addition to staff employees, there are 19 part-time contract physicians and specialists who come into the Headquarters Building. The division maintains a list of outside, cleared physicians, specialists, and facilities to which employees may be referred.

25X9

Psychiatric Staff

The Psychiatric Staff conducts psychiatric evaluations of Agency applicants, provides clinical services, supports

25X1B [redacted] 25X9

provide services to [redacted] cleared psychiatrists to whom staff employees and agents may be referred.

Selection Processing Center

The Selection Processing Center in the Ames Building performs medical evaluations for selection processing of

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

applicants and new employees, evaluations and immunizations of dependents, and provides health service for Agency personnel in the Rosslyn area. The center has one staff doctor, two nurses, and four technicians who have been detailed from the headquarters' Clinical Division and Support Division.

Operations Division

The Operations Division has three doctors and three medical technicians. The division provides operational support to the Clandestine Services.

Field Support Staff

The Field Support Staff consists of a medical officer and an administrative officer. They coordinate medical support of the Agency's overseas medical activities.

Assessment and Evaluation Staff

The Assessment and Evaluation Staff is responsible for providing psychological support services. In addition to conducting a comprehensive program of testing and assessing, it performs research and conducts surveys on personnel administration, management, and operations. Of the [redacted] authorized 25X1A 25X9 [redacted] research assistant, and one full-time contract psychologist.

Support Division

The Support Division has an authorized strength of [redacted] 25X9 employees and is organized into four branches: Registrar, Personnel, Supply, and Services. The division performs the

---

[1]Persons skilled in the administration and interpretation of objective psychological tests (as of intelligence or personality).

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

usual support and administrative activities and, in addition, is responsible for providing registrar services to OMS. These include processing the official correspondence between OMS and the rest of the Agency, maintaining the medical records on employees, and making appointments.

Aero-Medical Support

25X1A

[redacted] states that the D/MS shall "provide staff supervision in regard to the procurement, assignment, and utilization of medical personnel in all Agency components." This has not been done with medical personnel detailed to the Office of Special Activities (OSA). Because a qualified doctor was not available in OMS to provide medical supervision needed for an OSA facility, an Air Force flight surgeon was detailed to the Agency. This doctor, now retired, remains an OSA consultant and with the Air Force Surgeon General selects

25X9

[redacted]

25X1A

[redacted] we believe that the needs of the Agency would be best served if D/MS would participate in the selection of detailed Air Force medical personnel.

[redacted]

25X1A

Designation of a medical officer primarily responsible for all of the air activity of the Agency is recognized as a prudent action. His functions should be formalized and made known to the other Agency components.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

No. 1

It is recommended that:

The Deputy Director for Support:

a. Instruct the Director of Medical Services to formally designate a flight surgeon and to delineate his responsibilities.

b. Prepare a Headquarters Notice announcing that an Agency flight surgeon has been designated within OMS and describing the functions of his position.

No. 2

It is recommended that:

The Deputy Director for Support, in coordination with the Deputy Director for Science and Technology, develop a procedure which will enable the Director of Medical Services to participate in the selection of Air Force medical personnel detailed to the Office of Special Activities or other offices of the DD/S&T.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

PERSONNEL

Recruitment

In 1955 OMS, with the approval of the Director of Personnel, began its own recruitment program for physicians, psychiatrists, psychologists, nurses, and medical technicians. This is done mainly through professional channels. The high incomes earned by physicians, psychiatrists, and psychologists in private practice and in working for institutions in the private sector make it very difficult for this Agency or any other element of Government to recruit and hold qualified personnel. The fact that there were several key professional positions vacant at the time of the survey points up the fact that the problem is a continuing one.

There is relatively little recruitment activity for medical technicians and nurses. The salaries being offered in these fields of specialization result in sufficient applicants to fulfill the personnel requirements.

The clerical personnel assigned to OMS are obtained through the Agency's clerical recruitment efforts. There is a fairly large attrition rate for the lower-graded clerical personnel, but this is the case throughout the Agency.

Contract Employees

OMS uses contract employees both at headquarters and overseas. At headquarters there are seven full-time Type A contract employees and forty part-time employees and consultants who come into headquarters buildings. In addition to the [redacted] staff employees assigned to overseas positions there are nine Type A contract employees and one military detailee performing medical duties.

25X9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

It is the policy of the D/MS to bring new doctors into the Agency on contract for a period of assessment; later some of them are converted to staff status. This arrangement has certain advantages in that it offers the doctors and the D/MS an opportunity to evaluate each other on the basis of actual employment experience. However, it is a source of concern to some of the doctors. When a doctor is recruited to come with the Agency he must leave his practice, uproot his family and move either to Washington or to an overseas post. The Agency has committed itself only to the period of the contract, which is normally three years. During the first year or two of contract service, the doctor may become interested in continuing his employment with the Agency as a staff officer, but he realizes that he cannot afford to wait until the latter part of his contract time to see if he will be offered such employment.

For planning purposes, there should be a more precisely stated policy concerning when the decision will be made as to his status at the expiration of the contract. It would seem that by the end of the second year of the contract the D/MS should be in a position to discuss career plans with the individual.

Most contract doctors are hired for overseas assignments and they enter on duty only a few weeks before they are scheduled to depart. Although professionally qualified, they lack an understanding of the Agency. Many of the doctors with whom we talked felt they were ill-equipped to serve overseas; this was particularly true of those who had been given regional responsibilities.

Those doctors who return from overseas and are assigned to duty in headquarters also feel that they are given insufficient orientation and training. Part of their responsibility is to evaluate medical histories and results of medical examinations in terms of job requirements. As they point out, they have no difficulty

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

evaluating the medical findings but they feel less confident in relating their findings to the needs of the Agency.

The Clinical Division uses contract Medical Officer Examiners to administer most of the routine medical examinations. Their pay has recently been increased from $30 to $45 per session. Available evidence indicates this increase was justified in that it places the Agency in a more competitive position.

OMS employs on a contract basis a good number of doctors who are used in a variety of ways. It would be impossible to establish standard rates of pay to cover every case, although standards for certain categories of service could be established. Similarly, the terms of these contracts will necessarily differ but a careful study of past contract experience in this field reveals certain basic conditions which should be included in almost every contract. Contracts appear to be drown up in haste with little benefit of past experience and in some cases have been shown to be unnecessarily weak.

No. 3

It is recommended that:

The Deputy Director for Support instruct the Director of Medical Services:

a. To develop procedures to determine and to notify Type A contract doctors the plans for their continued employment by the Agency one year before the expiration of their contract;

b. To establish, in consultation with the Director of Training, a program of orientation training for all doctors entering on full-time duty with the Agency as well as appropriate orientation for those doctors returning from on overseas assignment for duty in headquarters; and

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

c. To seek the assistance of the Director of Personnel in reviewing all existing contracts with professional medical personnel and in establishing, insofar as possible, uniform contracting procedures.

Medical Career Service

25X1A

The Medical Career Service (SM) is constituted as specified in regulation [redacted] The D/MS is the head of the Service and serves as Chairman of the Career Service Board. The voting membership consists of the DD/MS, the division and staff chiefs, the Executive Officer, and the Support Officer. Two officers of the Science & Technology Directorate (the Deputy Director of Research and Development and the Chief of Life Sciences Division, OSI) are senior members of the SM Career Service and as such serve on the board. The Personnel Officer of OMS is a non-voting member who serves as the Executive Secretary.

The SM Career Service Board is supported by three career panels. They make recommendations to the Chairman of the Board concerning the appointment, assignment, training, promotion, and career development of the members within their purview. These panels are:

a. The Medical Officer Panel (Panel A)
b. The Psychologist Panel (Panel B)
c. The Medical Technician and Medical Service Officer Panel (Panel C)

There is no panel for clerical personnel or for nurses.

It will be readily seen that the needs and interests of the personnel managed by the three panels are quite different. The physicians are normally taken on in contract status and

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

then, after successful completion of the period of service, may be offered staff status. These officers are few in number, are well acquainted with the requirements of the job and with the opportunities offered by the Agency. The Chief, Field Support Staff, believes that there is a need for more careful planning and more timely consultation in arranging for overseas tours and for the assignment of officers returning from overseas. This need is borne out in interviews with staff physicians and in the exit interviews which have been recorded at the time former members of the staff resigned.

Psychiatrists and psychologists are normally assigned to headquarters, with the result that career service management boils down to selecting the right men for advancement and for assignments which require certain special qualifications.

A number of medical technicians and medical service officers feel that the management of their careers has as its one purpose the efficient operation of the office and that little attention is paid to their interests, including a desire on the part of some of them to serve overseas in order to earn retirement credit. They claim that once they have become proficient in the handling of highly specialized and expensive equipment used in clinical work they are likely to be locked into their positions for long periods of time with no opportunity for rotation or advancement. It is our impression that complaints of this nature are made responsibly and in the full understanding of the need on the part of the office for highly competent and experienced technicians. We also feel that this need can be met while at the same time providing a greater opportunity for development to personnel in this category.

It is recommended that: No. 4

The Director of Medical Services have Panel C review the current assignments of medical technicians and medical service officers, arrange for those who

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

have been in the same positions for long periods to be consulted as to their career desires, and insofar as possible accommodate those who wish other assignments.

Support Division

All of the positions in the Support Division carry SM career service designations on the Position Control Register, and at the time of our inspection all incumbents of key positions were SM careerists who have come up through the medical technician ranks. In some of the positions, the knowledge and experience obtained through working as a medical technician are valuable in a support assignment in OMS. The positions of Registrar, Physical Requirements Officer, and Medical Supply Officer are examples. However, a medical technician background does not appear necessary for the personnel and finance officers.

We believe that the D/MS should have specialists in these two positions. The administration of the Medical Career Service could be facilitated by the assignment of a trained personnel officer. Likewise, the increasingly complicated budget planning and financial administration for the office require a trained finance officer. Both of these functions might be performed by a well trained generalist--i.e., a Support Career Trainee.

It is recommended that: No. 5

The Deputy Director for Support direct the Director of Medical Services:

a. To request the Director of Personnel to furnish a personnel specialist to fill the position of Personnel Officer;

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

b. To request the Director of Finance to furnish a finance specialist to fill the position responsible for the financial administration of the Office of Medical Services;

c. Or, to investigate the possibility of obtaining the services of a support officer, who has experience and training in both the personnel and finance fields, and of combining the responsibilities in one position.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

OPERATIONS

GENERAL

The several staffs and divisions of the Office of Medical Services perform their day-to-day work in different areas: at Headquarters Building, at the Ames Building, at the Broyhill Building, at a few other locations [redacted] and at overseas stations. With the exception of the A&E Staff, there is a merging of the elements of the office in each of these areas for functional purposes. Applicant screening is conducted at the Ames Building. General medical services provided to our employees are handled at Headquarters (and in the Ames Building) as are the activities which are carried out in support of operations and our general intelligence effort. Our overseas medical support program is also managed from headquarters. 25X1A

The A&E Staff, which provides various types of psychological services to the Agency, is located in Broyhill Building along with the Office of Training. It makes its own separate contribution to the applicant screening process through non-medical channels and it is also available for certain types of support work. The activities of this staff, including applicant screening, are taken up at the end of this section under the heading Psychological Services.

The discussion which follows is organized along functional lines, dealing with each of the activities mentioned above. In conducting our survey we have come to believe that the Office of Medical Services might better be organized along functional lines and have therefore made two specific suggestions in this regard in discussing applicant screening and headquarters' medical services.

Since these changes would affect the over-all structure of the Office of Medical Services, we have added a final section entitled "Proposed Structural Changes" in which these changes and others which would follow in consequence are briefly described and set forth in diagrammatic form.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

APPLICANT SCREENING

Pre-employment and EOD screening is undertaken by the Psychiatric Staff's Selection Support Branch and the new Selection Processing Center, co-located at Ames Building. Results of this screening constitute the basic medical file on individuals accepted for employment.

The Selection Processing Center, established in November 1967, is managed by an energetic, experienced doctor. Using medical standards recently reviewed and found to be satisfactory by the D/MS, the Center eliminates some candidates for obvious physical defects after reviewing their medical histories. Candidates who appear to be medically qualified are brought to Washington for physical examinations. In the spring, the peak season for conducting medical examinations, the Center conducts about [redacted] examinations per month. 25X1A

The Selection Support Branch is managed by a Ph.D. psychologist, supported by a staff psychiatrist in the Headquarters Building. Psychiatric processing begins when applicants [redacted] in FY 1967) complete the Personal Index, a questionnaire on family background and mental history. The applicant may be approved for employment on the basis of the Personal Index or may be required to undergo a psychiatric examination. Certain categories of employees, such as Career Trainees, are routinely examined, and about 50% of all applicants have a psychiatric examination. 25X1A

The psychiatric interview is usually conducted by a contract psychiatrist. Sometimes the psychiatrist seeks assistance in reaching a final decision by having the applicant receive comprehensive psychological testing. Doubtful cases may be discussed with the requesting component or with the Applicant Review Panel.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Information is not readily available within OMS on the time taken by the Selection Support Branch and the Selection Processing Center to process applicants, and there is no central monitoring of these separate operations. We believe that up-to-date information on applicant processing is needed by management to evaluate its performance. We also believe that constant monitoring of the operation is necessary to prevent delays.

The efficiency of applicant processing and the other medical functions performed in the Ames Building facilities would be greatly improved if the existing clinical and psychiatric units were reorganized as branches in a Selection Processing Division. The chief of this division should be given authority for reviewing disqualifications, both medical and psychiatric, and forwarding them to the D/MS without further review by the Chief of the Psychiatric Staff, Chief of the Clinical Division, and the Special Assistant for Clinical Activities. Existing provisions would remain in effect for referring appropriate cases to the Applicant Review Panel.

It is recommended that: No. 6

The Director of Medical Services:

a. Establish a Selection Processing Division to consist of the existing Selection Support Branch and the Selection Processing Center, each of which to be designated as separate branches (Psychiatric Screening Branch and Clinical Activities Branch, respectively) within the division;

b. Designate the chief of this division to be responsible for all OMS applicant screening; and

c. Eliminate from the normal review of applicant disqualifications the Chief of the Psychiatric Staff, the Chief of the Clinical Division, and the Special Assistant for Clinical Activities.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

HEADQUARTERS MEDICAL SERVICES

The Clinical Division and the Psychiatric Staff are the two components primarily responsible for providing headquarters medical services to promote and maintain the health and emotional stability of Agency employees. This survey finds that these two components have been successful in developing a program which is sound, progressive, and responsive to the specialized needs of the Agency.

The D/MS is acutely aware of the necessity to examine continually the standards and criteria which are used to evaluate employees of this Agency. He has just completed a major survey in this field. Emotional stability is the common denominator in arriving at standards for Agency employment. The requirements of security make this imperative. Beyond this, in many cases, must be added the ability, both psychological and physical, to hold up under pressure, accept risks, and adjust to overseas assignments. As medical standards are only guides, subject to change as data and knowledge from experience accumulate, D/MS has developed technical criteria supporting the standards with a wide latitude of discretion and judgment on the part of the professional personnel in OMS.

Depending on the nature of the case, an individual may be called in for a physical examination, or OMS may simply review its files in order to respond to a request for evaluation. Regulations prescribe evaluations (and in certain cases examinations) to meet the following circumstances:

a. Assignment overseas
b. Return from overseas duty
c. Return to duty after extended sick leave
d. Assignment to standby status for TDY overseas
e. Assignment to [redacted] other arduous types of training

25X1A

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Regulations also provide for the annual examination of senior officers, the screening of applicants for medical retirement, fitness-for-duty examinations, and periodic examinations of individuals who have requested or who require such examinations.

Some type of personnel decision usually hangs on the outcome of the medical evaluation. Although procedures for securing waivers of medical standards are given in regulations, there is little inclination on the part of operating officials to ask for exceptions.

The Chief, Clinical Division, and the Chief, Psychiatric Staff, acting together, are allowed to issue a clean bill of health. When their findings are negative they must go through the Special Assistant for Clinical Activities and the DD/MS to the D/MS for final decision. We believe the efficiency of this operation would be increased if these two components were incorporated organizationally in a Medical Services Division. Existing manpower is available to permit this reorganization.

With the formation of a Medical Services Division and the assignment of the responsibility for applicant screening to the Selection Processing Division there would no longer be a need for a Special Assistant for Clinical Activities. His present duties would be performed by the chiefs of these two divisions.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

It is recommended that: No. 7

The Director of Medical Services:

a. Establish a Medical Services Division to consist of the existing Psychiatric Staff and Clinical Division, each of which is to be designated as a separate branch within the division; and

b. Eliminate the position of Special Assistant for Clinical Activities.

Chiefs of support in operating elements throughout the Agency were interviewed during the course of this survey. They said that their principal complaint about the evaluation process is that information on the results of medical evaluations is long withheld and in some cases never becomes available. This causes a most awkward situation, embarrassing to management and to the individual concerned.

We believe that we understand the complexity of this problem, involving as it does the doctor-patient relationship. We are also aware that D/MS has discussed specific cases with the responsible officials of the Agency on many occasions. However, there have been cases which have hung fire for many weeks while OMS has endeavored to arrive at a conclusive finding. It is in such cases that interim guidance to the manager responsible for the individual would be of great help.

It is recommended that: No. 8

The Director of Medical Services establish more effective procedures for providing timely medical guidance on employees to Agency officials for management purposes, it being understood that in certain cases this will of necessity be less than definitive.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Executive Annual Examination

There is no doubt about the importance of the Executive Annual Examination as a technique for preserving the health, vigor, and effectiveness of senior personnel. It is conducted efficiently, is thorough, and the results are presented to the individual concerned in a balanced, thoughtful way. There are, however, two faults in this procedure. Those individuals who wish to avoid taking the examination manage to do so for long periods of time. Secondly, the Agency has no way of finding out whether the recommendations made as a result of the examination have been followed. The first fault can be corrected insofar as necessary by providing the chiefs of operating elements of the Agency with the names of those individuals who have not been examined for two years. As to the second fault, the U.S. Public Health Service recommends that unit health nurses make contact with employees to ensure that the examining physician's recommendations are followed. While we do not recommend that this responsibility be vested in the Nursing Branch, we do believe that systematic monitoring of important recommendations can and should be undertaken by OMS.

It is recommended that: No. 9

The Director of Medical Services:

a. Provide chiefs of operating components names of individuals who have not been examined for two years; and

b. Develop procedures to follow up and maintain contact with each employee until the degree of action taken by the employee has satisfied the firm medical recommendations made by the doctor during the Executive Annual Examination.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Fitness-for-Duty Evaluations

These evaluations, which involve physical and psychiatric examination, are undertaken at the request of the individual's component chief. Operating officials frequently refer cases of malingering, alcoholism, inattention to duty, and the like, to the OMS for evaluation because they believe that a basic physical or psychological weakness may be responsible for the employees' behavior. Sometimes this is the first step in moving in the direction of a medical disability retirement or the determination that the employee is capable of only certain types of limited service. Such cases, however, are rare.

More commonplace is the case of the individual who is referred for Fitness-for-Duty Evaluation and found not to be physically or mentally ill, even though something is manifestly wrong. This type of case is complex in nature, involving disorientation, failure on the part of the individual to fit in with the group, or lack of motivation. A considerable amount of time is devoted by OMS to the evaluation of such employees. The results, seen from the point of view of both the operating official and of OMS, usually are inconclusive. These cases can best be characterized as suitability cases and, as such, they should be resolved by administrative determination. D/MS, in a paper entitled "A Proposal for the Combined Administrative/ Medical Handling of Certain Problem Cases", has suggested that a board for handling such cases be established and that its findings, in the cases of unsuitability, be submitted to the DCI. We concur with this proposal.

Medical Disability Retirement Evaluations

Records indicate that each month there are from two to seven applications for medical disability retirement submitted by Agency employees which require internal processing before they are forwarded to the Civil Service Commission Retirement Board.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

The processing time in the Commission averages from 10 to 15 work days; the processing time in the Agency runs considerably longer than this. As of November 1967 there had been 19 employees who had been retired for medical disability under the Agency's program. Statistics indicate that the processing time for these applications averaged three months. The aging population in the Agency will result in an increasing number of applicants for medical disability retirement. With an increased flow and relatively slow handling, the number of cases in process will inevitably mount. Those responsible for the processing of these applications expressed the belief that the procedures could be simplified.

It is recommended that: No. 10

The Director of Medical Services and the Director of Personnel take steps to reduce substantially the amount of time required for processing applications for medical disability retirement.

Committee on Alcoholism

Since 1965 OMS has had a Committee on Alcoholism, chaired by the Chief of the Psychiatric Staff. The Committee has been briefed by experts on alcoholism from business and government organizations.

The D/MS, on the basis of existing data, believes that the incidence of alcoholism in the Agency is increasing. In June 1968 he was considering recommending that the Agency establish within OMS a program on alcoholism to provide information and assistance to employees and supervisors. We believe that such a program is needed.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Relations with the Office of Personnel

Employee emergencies resulting from injury or illness, both at headquarters and overseas, are very often brought to the attention of OMS by the individual concerned or his component. In most of these cases it is a matter of vital importance that the Office of Personnel also be notified. We are informed that quite frequently this is not done promptly, if at all. The welfare of our staff and certainly the reputation of the Agency among its personnel depend in no small measure on a close working relationship between OMS and the Office of Personnel in handling such cases. We are persuaded the breakdown in communications is unintentional and is normally the result of a preoccupation on the part of OMS with the medical aspects of the case at hand. Nonetheless, every effort should be made to avoid such breakdowns in the future.

It is recommended that: No. 11

The Deputy Director for Support develop effective procedures for keeping the Office of Personnel informed concerning employees who have been injured, who are ill, or who have died, as well as employees and dependents who are medically evacuated from overseas.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

SUPPORT ACTIVITIES

Overseas Support

The Agency overseas medical program, managed by the Field Support Staff from headquarters, conserves the health of Agency personnel by ensuring that they have access to the best medical care available. This program is well managed and effective.

[redacted] 25X1A

responsible for geographic areas is not new. Off and on through the years OMS has had regional doctors, but only in 1966 was a program approved by the DDP and the DDS which firmly established regional medical services.

Each regional doctor is familiar with general health factors in his area. He must understand specific medical problems of Agency personnel and dependents, and have detailed knowledge of both indigenous and U.S. medical installations and physicians.

25X1A

[redacted]

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

25X1A

[redacted]

No. 12

It is recommended that:

25X1A The Deputy Director for Support amend [redacted] to require that employees must have had a medical examination by an Agency doctor within the past three years before receiving approval for continuous overseas service.

Medical evaluations and immunizations of dependents scheduled to accompany Agency personnel on field assignments are performed by the Ames Building medical facility. In CY 1967, 25X1A over [redacted] dependents were examined and [redacted] immunizations given. 25X1A

Dependents are evaluated by a review of the dependent's "Report of Medical History." The evaluation includes a physical examination when there is doubt as to the health of the dependent, when the employee so requests, or when the climate or health

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

conditions in the overseas area are such as to make physical fitness particularly important. All dependents of employees [redacted] must have physicals. 25X1C

OMS does not have standards for determining which areas of the world, because of climatic or health conditions, require a physical examination of dependents. [redacted] places the responsibility for determining these areas on the chiefs of the operating components in coordination with the D/MS. Some divisions have submitted lists of countries requiring medical examination; others have not. We believe that this omission can best be corrected by the D/MS assuming the responsibility for making this determination. 25X1A

It is recommended that: No. 13

25X1A [redacted] The Deputy Director for Support amend to place the responsibility for determining which geographic areas require dependent physical examinations on the Director of Medical Services.

Recommendations by OMS relative to field sanitation have not always been implemented. During our survey we learned of a field installation where Agency personnel were living in unsanitary conditions. The Chief of the Field Support Staff and operating officials of the component concerned have taken steps to improve these conditions. The Chief of the Field Support Staff plans to recommend that OTR increase emphasis on field sanitation in certain training courses, and to have overseas doctors include comments on sanitary conditions in their monthly reports to headquarters.

The Field Support Staff operated without a full-time doctor from 1965 until the fall of 1967. The new chief plans to update operating instructions to doctors, and to improve the reporting system.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

25X1A

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Next 4 Page(s) In Document Exempt

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

PSYCHOLOGICAL SERVICES

25X1A

[redacted]

25X1A Historically the primary responsibility of A&E has been the testing and assessment of personnel. Until recently professional applicants outside the Washington area were scheduled by the recruiters to take a battery of tests administered 25X1A

25X1A [redacted] and a new system of testing, partially conducted in the field and partially at headquarters, is being introduced. The results of the tests are recorded and analyzed by A&E psychologists and are included in the applicant's personnel file. Psychologists also interview about 10-15% of all Career Trainee applicants, sometimes jointly with members of the Office of Training. Some interviews are followed by a complete assessment of the applicant. A&E deserves a great deal of credit for developing, refining, and validating its screening tests for professionals. This essential task has been performed in a most competent manner; its value is recognized throughout the Agency.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

The A&E Staff has also developed tests for clerical employees, and aptitude tests for language students, writers, programmers, and other specialists. Individual batteries of tests can be tailored to fit specific requirements. Individuals may be referred to A&E for testing by such bodies as the Applicant Review Panel, the Overseas Review Panel, the Career Service Boards and Panels, operating officials, and the Office of Personnel.

As the number of persons retiring from the Agency increases, general aptitude tests and vocational counseling designed to assist individuals in selecting a second career will play an increasingly important role in the work of the A&E Staff.

In addition to its assessment and evaluation activities, the staff has in the past engaged in a number of research programs. These include studies of the characteristics of a good case officer and the effectiveness of programmed instruction; the evaluation of portions of the Managerial Grid Program; papers in support

25X1A [redacted]

effectiveness of organizational structure. The largest program currently under way is an evaluation of data on Career Trainees to determine criteria for predicting professional success.

25X1A [redacted]

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

25X1A

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Next 1 Page(s) In Document Exempt

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9

PROPOSED STRUCTURAL CHANGES

The chart on the facing page reflects the proposed organization of OMS. In previous sections of this report we have recommended the following four organizational changes:

a. Establish a Selection Processing Division to consist of the existing Selection Support Branch and the Selection Processing Center, each of which is to be designated as a separate branch (Psychiatric Screening Branch and Clinical Activities Branch, respectively) within the division.

b. Establish a Medical Services Division to consist of the existing Psychiatric Staff and Clinical Division, each of which is to be designated as a separate branch within the division.

c. Eliminate the position of Special Assistant for Clinical Activities.

d. Change the title of the A&E Staff to Psychological Services Division.

We believe that the senior physician and the senior psychiatrist should enjoy special status. We have shown them on the proposed organizational chart as Chief Physician and Chief Psychiatrist.

The functions performed by the Support Division usually are considered as staff responsibilities, and we have therefore shown the division as a staff on the chart.

Approved For Release 1999/09/26 : CIA-RDP78-06180A000100110006-9